



CITY OF SUGAR LAND
BACKFLOW PREVENTION ASSEMBLY
CERTIFIED TEST REPORT

NAME OF PROPERTY: _____

PROPERTY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ KEY MAP # _____ PHONE #: _____

MAILING ADDRESS: _____ CONTACT PERSON: _____

ATTN: *Backflow Prevention / Customer Service*

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TNRCC CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

☐ REDUCED PRESSURE PRINCIPLE (RP)

☐ PRESSURE VACUUM BREAKER (PVB)

☐ DOUBLE CHECK VALVE (DCV)

☐ SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER: _____ MODEL#: _____ SIZE: _____ SERIAL NUMBER: _____

LOCATED AT: _____ DATE INSTALLED: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY			AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST Passed	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSID LEAKED <input type="checkbox"/>
REPAIRS** AND MATERIALS USED					
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	OPENED AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID

TEST GUAGE USED: _____ **(TESTED Annually)**

REMARKS: _____

Meter#: _____

THE ABOVE IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

CT's FIRM NAME: _____

CERTIFIED TESTER: _____

FIRM ADDRESS: _____

CERTIFIED TESTER NO.: _____

TEST DATE: _____

FIRM PHONE #: _____

C.O.H. C.C.C. WITNESS: _____

* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.

TESTING IS REQUESTED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS.